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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/736,138	12/13/2000	Joane Goodroe	GOOD1 (11652.107070)	8196

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EXAMINER	
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ART UNIT	PAPER NUMBER
3626	

MAIL DATE	DELIVERY MODE
01/03/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	09/736,138	GOODROE ET AL.	
	Examiner	Art Unit	
	Natalie A. Pass	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *21 September 2007*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *2-11,14-19,24-26 and 28-30* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *2-11, 14-19, 24-26, 28-30* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 21 September 2007 has been entered.

2. This communication is in response to the Request for Continued Examination and the amendments filed 21 September 2007. Claims 2-11, 14, 18-19, and 24-26 have been amended. Claims 1, 12-13, 20-23, 27 have been cancelled. Claims 28-30 have been newly added. Claims 2-11, 14-19, 24-26, 28-30 remain pending.

Claim Rejections - 35 USC § 112

3. The following is a quotation of the first paragraph of 35 U.S.C. 112:

> The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

4. Claims 25-26, 28, 30 are rejected under 35 U.S.C. 112, first paragraph, as containing subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention.

(A) Claim 25 recites limitations that are new matter, and are therefore rejected. The added material which is not supported by the original disclosure is as follows:

- "medical professional identification and medical facility identification," as disclosed in lines 7-8; and
- "providing on a predetermined frequency basis" as disclosed in line 18.

(B) Claims 26, 28, 30 incorporate the features of independent claim 25, through dependency, and are therefore also rejected.

35 U.S.C. 132 states that no amendment shall introduce new matter into the disclosure of the invention. "New matter" constitutes any material which meets the following criteria:

a) It is added to the disclosure (either the specification, the claims, or the drawings) after the filing date of the application, and

b) It contains new information which is neither included nor implied in the original version of the disclosure. This includes the addition of physical properties, new uses, etc.

In particular, the Examiner was unable able to find any support for this newly added language within the specification as originally filed on 13 December 2000. Applicant is respectfully requested to clarify the above issues and to specifically point out support for the newly added limitations in the originally filed specification and claims.

Applicant is required to cancel the new matter in the reply to this Office Action.

5. If Applicant continues to prosecute the application, revision of the specification and claims to present the application in proper form is required. While an application can, be amended to make it clearly understandable, no subject matter can be added that was not disclosed in the application as originally filed on 13 December 2000.

Claim Rejections - 35 USC § 103

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

NOTE: The following rejections assume that the subject matter added in 21 September 2007 amendment are NOT new matter, and are provided hereinbelow for Applicant's consideration, on the condition that Applicant properly traverses the new matter objections and rejections made in sections 3-5 above in the next communication sent in response to the present Office Action.

7. Claims 3-7, 8-11, 14-19, 24, 29 are rejected under 35 U.S.C. 103(a) as being unpatentable over McCartney, U.S. Patent Number 5, 778, 345 in view of Dang, U.S. Patent Number 5, 835, 897 for substantially the same reasons given in the prior Office Action (paper number 20070228), and further in view of DeBusk, et al., U.S. Patent Number 5, 991, 728. Further reasons appear hereinbelow.

(A) As per newly amended claim 24, McCartney teaches a computer-implemented method of increasing resource utilization efficiency and identifying areas to enhance quality (McCartney; Figure 1, column 6, lines 10-14), the method comprising:

collecting data "compiled during a patient's visit or stay with a health care provider and is a record of the particulars thereof..." (reads on "related to a specific clinical procedure") (McCartney; column 9, lines 15-29, column 12, lines 30-35), and electronically storing the collected data in a database (McCartney; Figure 3, Item 30, column 9, lines 39-43, column 13, lines 2-7), the data including "patient ... [...] ... financial status as well as a record of the patient's Diagnoses, Medical Procedures and Provisions supplied by the health care provider to the patient" (McCartney; column 9, lines 21-26) (reads on "patient quality"), "a record of the patient's Diagnoses, Medical Procedures and Provisions supplied by the health care provider to the patient" (McCartney; column 9, lines 24-26) (reads on "patient clinical presentation"), "a record of the patient's Diagnoses ... [and] ... Medical Procedures" (McCartney; column 9, lines 25-26) (reads on "diagnostic procedure indication"), "a record of the patient's ... Medical Procedures" (McCartney; column 9, lines 25-26) (reads on "interventional procedure indication"), diagnostic procedure results (McCartney; column 16, lines 29-60), interventional procedure results (McCartney; column 16, lines 29-60), patient length of stay (McCartney; column 12, lines 30-35), and patient medication usage (McCartney; column 3, lines 45-50);

identifying from the collected data "potential savings ... for various scenarios" (reads on "reduction opportunities for reducing waste and costs during the specific clinical procedures") (McCartney; column 18, lines 34-48);

establishing a benchmark related to the specific "medical service" (reads on "clinical procedure") based upon the identified reduction opportunities and at least a portion of the data (McCartney; column 12, lines 30-35, column 18, lines 38-48).

McCartney fails to explicitly disclose standardizing the specific clinical procedure based upon the benchmark to provide standardized practice patterns by eliminating unnecessary resources; and

establishing preferred clinical practice standards based upon the standardized practice patterns to increase resource utilization efficiency.

However, the above features are well-known in the art, as evidenced by Dang.

In particular, Dang teaches creating or engineering quality improvement protocols (reads on "standardizing") said clinical procedure based upon said benchmark (Dang; column 19, lines 40-64, column 36, lines 15-19).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the method of McCartney to include these limitations, as taught by Dang, with the motivations of providing an objective means for measuring and quantifying health, care services (Dang; see at least Abstract).

McCartney fails to explicitly disclose

to provide standardized practice patterns by eliminating unnecessary resources; and

establishing preferred clinical practice standards based upon the standardized practice patterns to increase resource utilization efficiency.

However, the above features are well-known in the art, as evidenced by DeBusk.

In particular, DeBusk teaches

to provide standardized practice patterns by eliminating unnecessary resources (DeBusk; column 3, line 65 to column 4, line 11, column 7, lines 24-37, column 8, line 29 to column 9, line 18); and

establishing preferred clinical practice standards based upon the standardized practice patterns to increase resource utilization efficiency (DeBusk; column 3, line 65 to column 4, line 11, column 7, lines 24-37, column 8, line 29 to column 9, line 18).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined teachings of McCartney and Dang to include these limitations, as taught by DeBusk, with the motivations of "tracking the usage of medical resources, such as supplies, equipment and personnel at the procedural level for the purposes of analysis and cost recovery" (DeBusk; column 6, lines 59-63).

(B) As per claims 3-7, McCartney, Dang and DeBusk teach a method as analyzed and discussed in claim 24 above

wherein collecting comprises determining resources used in said clinical procedure (McCartney; column 2, lines 56-58, column 3, lines 50-66, column 5, line 45 to column 6, line 39, column 9, lines 15-38);

wherein establishing comprises identifying resources to be used to establish said benchmark for said clinical procedure (McCartney; column 2, lines 56-58, column 3, lines 50-66, column 5, line 45 to column 6, line 39, column 12, lines 30-35, column 18, lines 17-49, column 21, lines 45-56);

wherein standardizing comprises setting the quantity of at least one resource to be used for said clinical procedure while correlating the clinical outcome (Dang; column 7, lines 32-35, column 19, lines 40-64, column 36, lines 15-19);

further comprising accepting a request for said clinical procedure, and requesting resources to be utilized in said clinical procedure based upon said benchmark (Dang; column 4, lines 46-56, column 19, lines 40-64, column 36, lines 15-19); and

further comprising accepting a request for said clinical procedure, and allocating resources to said clinical procedure based upon said benchmark (McCartney; see at least Abstract, column 2, lines 56-58, column 3, lines 50-66, column 5, line 45 to column 6, line 39, column 12, lines 30-65, column 18, lines 17-49, column 21, lines 45-56).

The motivations for combining the respective teachings of McCartney, Dang and DeBusk are as given in the rejection of claim 24 above, and incorporated herein.

(C) As per claims 8-10, McCartney, Dang and DeBusk teach a method as analyzed and discussed in claims 24 and 7 above

further comprising verifying the existence of supplies in inventory (DeBusk; column 9, lines 4-50, column 10, lines 10-28);

further comprising scheduling the requisitioning or restocking of supplies based upon said benchmark (DeBusk; column 10, lines 29-57); and

further comprising automatically ordering supplies from vendors based upon the needs of the clinical practice based upon said benchmark (DeBusk; column 7, lines 24-37, column 8, lines 29-46, column 9, line 66 to column 10, line 16, column 31, lines 49-51).

The motivations for combining the respective teachings of McCartney, Dang and DeBusk are as given in the rejection of claim 24 above, and incorporated herein.

(D) As per claims 11, 14-15, McCartney, Dang and DeBusk teach a method as analyzed and discussed in claims 24 and 7 above

further comprising compiling a report of resources utilization based upon said data (McCartney; see at least Figure 14, Item 670, Figure 16, Item 899,

column 5, line 45 to column 6, line 39, column 9, lines 16-39, column 12, lines 6-16, column 16, lines 29-43, column 19, line 60 to column 20, line 7, column 21, line 45 to column 22, line 2);

wherein said report comprises at least one of a procedure results report, and a clinical outcomes report, and a patient profile report (Dang; column 5, lines 20-34, column 6, lines 49-64, column 19, lines 18-23); and

wherein said report comprises information on medication used during said clinical procedure (Dang; Figure 8C, column 6, lines 49-64, column 7, lines 23-30).

The motivations for combining the respective teachings of McCartney, Dang and DeBusk are as given in the rejection of claim 24 above, and incorporated herein.

(E) As per claims 16-19, McCartney, Dang and DeBusk teach a method as analyzed and discussed in claims 24 and 11 above

wherein said report comprises information on the length of stay of patients undergoing said clinical procedures (McCartney; column 12, lines 30-35);

wherein said report comprises information on the demographics of patients undergoing said clinical procedure (McCartney; see at least Figure 8, column 5, line 45 to column 6, line 39,

column 10, lines 51-65. column 11, lines 45-67, column 12, lines 56-56, column 14, lines 60-67); and

wherein collecting comprises monitoring the cost of said clinical procedure to provide a benchmark (McCartney; column 5, line 45 to column 6, line 39, column 12, lines 6-36, column 17, lines 60-62);

wherein said collecting step comprises monitoring costs of requisitioned supplies (DeBusk; column, 7, lines 10-15, column 8, line 47 to column 9, line 11, column 10, lines 16-28).

The motivations for combining the respective teachings of McCartney, Dang and DeBusk are as given in the rejection of claim 24 above, and incorporated herein.

(F) As per newly added claim 29, McCartney, Dang and DeBusk teach a method as analyzed and discussed in claim 24 above further comprising providing a recommended utilization amount of a resource for the specific clinical procedure and predicting cost savings by comparing the recommended utilization amount and an actual amount of used resources (DeBusk; column 7, lines 24-37, column 8, line 29 to column 9, line 11, column 19, lines 37-52)

The motivations for combining the respective teachings of McCartney, Dang and DeBusk are as given in the rejection of claim 24 above, and incorporated herein.

8. Claims 25 and 30 are rejected under 35 U.S.C. 103(a) as being unpatentable over McCartney, U.S. Patent Number 5, 778, 345, Dang, U.S. Patent Number 5, 835, 897 and DeBusk, et al., U.S. Patent Number 5, 991, 728 and further in view of Alba, T. et al. How hospitals can use internal benchmark data to create effective managed care arrangements. Journal

of Health Care Finance. Fall 1994, hereinafter called Alba, for substantially the same reasons given in the prior Office Action (paper number 20070228). Further reasons appear hereinbelow.

(A) As per newly amended claim 25, McCartney, Dang and DeBusk teach a computer-implemented method of increasing resource utilization efficiency and identifying areas to enhance quality (McCartney; Figure 1, column 6, lines 10-14), the method comprising:

allocating a resource for a specific clinical procedure (McCartney; column 2, lines 56-58, column 3, lines 50-66, column 6, lines 10-15, 30-39, column 9, lines 20-22, column 12, lines 56-65), (Dang; column 19, lines 40-64), (DeBusk; column 7, lines 16-37);

conducting the specific clinical procedure during which time at least of portion of the resource is utilized (McCartney; column 3, lines 55-65, column 9, lines 15-38);

collecting data related to the allocation of the resource and the conducted specific clinical procedure (McCartney; Figure 3, Item 30, column 3, lines 15-18, column 6, lines 10-15, 30-39, column 9, lines 15-43, column 13, lines 2-7), the data including procedure type (DeBusk; column 14, lines 1-15, 31-45), medical professional identification (Dang; column 19, lines 6-7), and medical facility identification (Dang; column 2-, lines 29-31, 47-9), wherein the collected data is electronically stored in a database (McCartney; Figure 3, Item 30, column 3, lines 15-18, column 6, lines 10-15, 30-39, column 9, lines 15-43, column 13, lines 2-7);

identifying from the stored data "potential savings ... for various scenarios" (reads on "reduction opportunities for reducing waste and costs of the resource for the specific clinical procedure" (McCartney; column 18, lines 34-48);

establishing a benchmark "dynamically" (reads on "based upon the identified reduction opportunities and the utilization of the resource") (McCartney; column 18, lines 30-44); and

standardizing the specific clinical procedure based upon the benchmark by eliminating unnecessary resources (DeBusk; column 3, line 65 to column 4, line 11, column 7, lines 24-37, column 8, line 29 to column 9, line 18).

McCartney, Dang and DeBusk fail to explicitly disclose a method further comprising

the benchmark correlating to an average utilization of the resource for the specific clinical procedure; and

providing the standardization for the specific clinical procedure prior to conducting a subsequent specific clinical procedure, such that fewer resources are allocated; and

providing on a predetermined frequency basis established benchmark data to a plurality of medical facilities via a computer network, the benchmark data including regional, national, and best-in-class benchmarks.

However, the above features are well-known in the art, as evidenced by Alba.

In particular, Alba teaches a method further comprising

the benchmark correlating to an average utilization of the resource for the specific clinical procedure (Alba; page 2, paragraph 2, page 3, paragraph 9); and

providing the standardization for the specific clinical procedure prior to conducting a subsequent specific clinical procedure, such that fewer resources are allocated (Alba; paragraph bridging pages 4-5, page 5, paragraph 3, page 6, paragraphs 8-9); and

providing on a predetermined frequency basis established benchmark data to a plurality of medical facilities via a computer network, the benchmark data including regional, national, and best-in-class benchmarks (Alba; page 2, paragraph 8 to page 3, paragraph 9, page 4, last full paragraph, page 5, paragraph 4, page 6, paragraph 8).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the collective teachings of McCartney, Dang and DeBusk to include these limitations, as taught by Alba, with the motivations of enabling medical facilities that utilize process benchmarking to meet customer needs while meeting provider needs for maintaining a predictable profit margin (Alba, page 2, paragraph 1).

The motivations for combining the respective teachings of McCartney, Dang and DeBusk are as given in the rejection of claim 24 above, and incorporated herein.

(B) As per newly added claim 30, McCartney, Dang, DeBusk, and Alba teaches a method as analyzed and discussed in claim 25 above,

further comprising predicting expenses and cost savings opportunities based on a comparison of the benchmark and an actual amount of utilized resources (DeBusk; column 7, lines 24-37), (Alba, page 2, paragraph 1).

The motivations for combining the respective teachings of McCartney, Dang, DeBusk, and Alba are as given in the rejection of claims 24 and 25 above, and incorporated herein.

9. Claims 26 and 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over McCartney, U.S. Patent Number 5, 778, 345, Dang, U.S. Patent Number 5, 835, 897, DeBusk, et al., U.S. Patent Number 5, 991, 728 , and article, Alba, T. et al. How hospitals can use internal

benchmark data to create effective managed care arrangements. Journal of Health Care Finance. Fall 1994, hereinafter called Alba, as applied to claim 25 above, and further in view of article, "Cost Control Incented Many Ways Despite OIG Ruling on Gainsharing, "April 12, 2000, Physician Compensation Report, URL: <http://www.findarticles.com/p/articles/mi_m0FBW/is_4_1/ai_61933228/print>, hereinafter known as CostControl for substantially the same reasons given in the prior Office Action (paper number 20070228). Further reasons appear hereinbelow.

(A) As per claim 26, McCartney, Dang, DeBusk and Alba teach a method as analyzed and discussed in claim 25 above.

McCartney, Dang and Alba fail to explicitly disclose a method further comprising rewarding physicians' efforts to reduce costs by providing a share of savings in response to utilizing the standardized specific clinical procedure.

However, the above features are well-known in the art, as evidenced by CostControl.

In particular, CostControl teaches a method further comprising the step of rewarding physicians' efforts to reduce costs by providing a share of savings in response to utilizing the standardized specific clinical procedure (CostControl; paragraphs 1-2, 5, 8-9).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the collective teachings of McCartney, Dang, DeBusk and Alba to include these limitations, as taught by CostControl, with the motivations of producing cost cutting incentives, such as those aimed at expenses each physician can control, and holding down costs under different formulas: some directed at group savings and others at individual savings; some

aimed at specific costs and others at overall costs; some tied to quality and some not (CostControl; see at least paragraphs 1-2).

(B) As per newly added claim 28, McCartney, Dang, DeBusk, Alba and CostControl teaches a method as analyzed and discussed in claim 26 above,

further comprising determining a benchmark procedure area cost basis for a category of procedures for use in calculating the savings, wherein determining the benchmark procedure area cost basis comprises: (a) determining an average benchmark costs of a procedure area; (b) determining actual costs for the procedure area; and (c) comparing the average benchmark costs to the actual costs (DeBusk; column 8, line 47 to column 9, line 11, column 19, lines 37-52), (Alba; page 6, paragraph 8-10, page 7, paragraph 3).

The motivations for combining the respective teachings of McCartney, Dang, DeBusk, Alba and CostControl are as given in the rejection of claims 24-26 above, and incorporated herein.

10. Claim 2 is rejected under 35 U.S.C. 103(a) as being unpatentable over McCartney, U.S. Patent Number 5, 778, 345, Dang, U.S. Patent Number 5, 835, 897, DeBusk, et al., U.S. Patent Number 5, 991, 728, and "Cost Control Incented Many Ways Despite OIG Ruling on Gainsharing, "April 12, 2000, Physician Compensation Report, URL: <http://www.findarticles.com/p/articles/mi_m0FBW/is_4_1/ai_61933228/print>, hereinafter known as CostControl, as applied to claim 24 above, for substantially the same reasons given in the prior Office Action (paper number 20070228). Further reasons appear hereinbelow.

(A) As per claim 2, McCartney and Dang teach a method as analyzed and discussed in claim 24 above.

McCartney and Dang fail to explicitly disclose a method further comprising rewarding physicians' efforts to reduce costs by providing a share of savings in response to utilizing said standardized specific clinical procedure.

However, the above features are well-known in the art, as evidenced by CostControl.

In particular, CostControl teaches a method further comprising the step of rewarding physicians' efforts to reduce costs by providing a share of savings in response to utilizing said standardized specific clinical procedure (CostControl; paragraphs 1-2, 5, 8-9).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the collective teachings of McCartney and Dang to include these limitations, as taught by CostControl, with the motivations of producing cost cutting incentives, such as those aimed at expenses each physician can control, and holding down costs under different formulas: some directed at group savings and others at individual savings; some aimed at specific costs and others at overall costs; some tied to quality and some not (CostControl; see at least paragraphs 1-2).

Response to Arguments

11. Applicant's arguments filed 21 September 2007 with respect to the pending claims have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

12. Any response to this action should be mailed to:

Commissioner of Patents and Trademarks

Washington D.C. 20231

or faxed to: **(571) 273-8300.**

For informal or draft communications, please label "PROPOSED" or "DRAFT" on the front page of the communication and do NOT sign the communication.

After Final communications should be labeled "Box AF."

13. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (571) 272-6774. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.

14. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas, can be reached at (571) 272-6776. Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Receptionist whose telephone number is (571) 272-3600.

15. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

Natalie A. Pass

December 26, 2007

Robert Morgan
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PRIMARY EXAMINER
TECHNOLOGY CENTER 3600